Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
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Inspection

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30,20 20 D Employer identification number C Name of organization B Check if applicable: INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change C/O UCF 4336 SCORPIOUS STREET (407) 823 - 4770Initial return City or town, state or province, country, and ZIP or foreign postal code Amended ORLANDO, FL 32816 G Gross receipts \$ 1,495,849. return Application pending F Name and address of principal officer: DR RICHARD LAPCHICK H(a) Is this a group return for Yes Χ Nο subordinates' C/O UCF 4336 SCORPIOUS STREET, ORLANDO, FL 32816 Yes No H(b) Are all subordinates included? X | 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) (insert no.) Website: ▶ SPORTANDSOCIALJUSTICE.ORG H(c) Group exemption number FL. Form of organization: X Corporation L Year of formation: 2015 M State of legal domicile: Other > Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE INSTITUTE FOR SOCIAL JUSTICE (ISSJ) IS TO CREATE WORLDWIDE SOCIAL JUSTICE THROUGH THE POWER Governance OF SPORT. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 15. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 11. б. 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ō. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 726,631. 529,216. **COPY FOR** 309,608. 686,469. Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION 1,257. 708. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 128,278 174,419. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,165,774. 1,390,812. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 1,223,688. 881,972. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e)

155,343. 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _ _ _ _ _ 517,291. 504,724. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,740,979. 1,386,696. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -575,205. $\overline{4,116}$. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 494,213. 478,724. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 287,238. 267,633. 21 206,975. 211,091. 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/17/2020 Sign Signature of officer Date Here DR RICHARD LAPCHICK PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid ERIK A HALLUSKA , CPA ERIK A HALLUSKA , 05/17/2021 self-employed P01954172 Preparer 22-2027092 Firm's name WITHUMSMITH+BROWN, PC Firm's EIN ▶ Use Only 407-849-1569 Firm's address > 200 S ORANGE AVE., STE 1200 ORLANDO, FL 32801-3400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form **990** (2019) For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1		escribe the organization's mission: CHMENT 1
	Did the	organization undertake any significant program services during the year which were not listed on the
_	prior Fo	rm 990 or 990-EZ? Yes X No describe these new services on Schedule O.
3	Did the services	organization cease conducting, or make significant changes in how it conducts, any program?
4	Describe expense	the triese changes on Schedule C. the the organization's program service accomplishments for each of its three largest program services, as measured by the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other lexpenses, and revenue, if any, for each program service reported.
4a	(Code: _) (Expenses \$ 349,966. including grants of \$) (Revenue \$ 459,187.) E-UP (HU) IS A LEADERSHIP PROGRAM FOCUSED ON PREVENTING ALL
		OF MEN'S VIOLENCE AGAINST WOMEN. THE MULTI-RACIAL, MIXED
	GENDER	R PROGRAM IS THE FIRST LARGE ATTEMPT TO ENLIST HIGH SCHOOL,
		GIATE AND PROFESSIONAL ATHLETES IN THE FIGHT AGAINST THIS
	TYPE C	OF VIOLENCE.
_		
4b	(Code:) (Expenses \$291,518. including grants of \$) (Revenue \$48,481) ORK LEADERSHIP INSTITUTE (TLI) EXISTS TO HELP SENIOR
		ISTRATORS AND ATHELETIC DEPARTMENT STAFFS, THROUGH THE
		SION OF DIVERSITY TRAINING SERVICES AND THE APPLICATION OF
		IPLES OF TEAMWORK TO ALL AREAS OF ATHLETIC DEPARTMENTS. TLI
	PROVII	DES DIVERSITY TRAINING TO ORGANIZATIONS ACROSS THE UNITED
	STATES	S (SUCH AS NASCAR), FOCUSING PRIMARILY ON COLLEGE AND
	UNIVER	RSITY ADMINISTRATIONS AND ATHLETIC DEPARTMENTS. TLI FOSTERS A
		ENVIRONMENT FOR PARTICIPANTS TO DISCUSS ISSUES OF RACE,
		CITY AND GENDER. EACH MEMBER OF NCAS, EACH COLLEGE, AND
	UNIVER	RSITY IS OFFERED TLI SERVICES.
4c	(Code:) (Expenses \$ 489,966. including grants of \$) (Revenue \$ 178,801.)
		THER PROGRAMS - IN ADDITION TO THE OTHER TOP TWO PROGRAMS,
		OPERATES OTHER PROGRAMS INCLUDING HOPE FOR STANLEY, SHUT-OUT
		ICKING, NATIONAL STUDENT ATHLETE DAY AND OTHER IT-ATHLETE OUTREACH PROGRAMS.
	SIODEL	NI-AIRLEIE OUIREACH PROGRAMS.
44	Other no	rogram services (Describe on Schedule O.)
-u	(Expens	
4-	<u> </u>	organica expenses 1 131 450

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Par	Checklist of Required Schedules		V	Na
	In the case in the character is 504(c)(0) on 4047(c)(4) (c)the cutter and one is the foundation (0.15)(0) on 4047(c)(4)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	х	
_	complete Schedule A	2	X	
2		-	- 1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		Х
4	candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		21
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		21
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
h	Schedule D, Parts XI and XII	12a	- 21	
Ь	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts Land II	21		Δ

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Part IV Checklist of Required Schedules (continued) Page 4

raii	Checklist of Required Schedules (Continued)		Vaa	Na.
00	Did the consciention report many then 05 000 of counts on other positions to our few demonstic individuals are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
- 4u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			3.7
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		Х
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country \[\bigs\rightarrow \]			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 o	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 50		
ъa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		3.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year			
та	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-		Х
_	with a taxable entity during the year?	16a		25
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)	Γ (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	est p	oolicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	ds ►		
_0	State the name, address, and telephone number of the person who possesses the organization's books and record RICHARD LAPCHICK PO BOX 161400 ORLANDO, FL 32816-1400			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

	Check this box if neit	ther the organization	nor anv relate	ed organization	compensated a	anv current office	r. director, or trustee.

(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DELISE O'MEALLY	40.00									
CEO	0.	Х		Х				219,371.	0.	32,292
(2)DR. JEFF O'BRIEN	40.00									
VICE PRESIDENT	0.	Х		Х				209,312.	0.	24,914
(3)KEITH LEE	40.00									
COO/VP	0.						X	186,333.	0.	36,312
(4)DR. RICHARD LAPCHICK	20.00									
DIRECTOR	0.	Х		Х				41,667.	0.	0
(5) DAN GUERRERO	5.00									
DIRECTOR	0.	Х						0.	0.	0
(6) DR. PAUL JARLEY	5.00									
DIRECTOR	0.	X						0.	0.	0
(7) CHRIS MONASCH	5.00									
DIRECTOR	0.	X						0.	0.	0
(8) KATRICE ALBERT	5.00									
DIRECTOR	0.	Х						0.	0.	0
(9) ASHLEY TURNER	5.00									
DIRECTOR	0.	Х						0.	0.	0
(10) KENNETH DIXON	5.00									
DIRECTOR	0.	Х						0.	0.	0
(11) TANYA HUGHES	5.00									
DIRECTOR	0.	Х						0.	0.	0
(12) ALLYCE NAJIMY	5.00									
DIRECTOR	0.	Х						0.	0.	0
(13) PAUL KAPLAN	5.00									
DIRECTOR	0.	Х						0.	0.	0
(14) TED HADDOCK	5.00									
DIRECTOR	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es, a	and F	ligl	hest Compensat	ed Emplo	yees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	heck ss pe	ition more	than o is both or/trust	an	(D) Reportable compensation from	Reporta	on from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and related organizations
15) JOHN SKIPPER	5.00	_									
DIRECTOR	0.	X						0		0.	0
1b Sub-total							>	656,683.		0.	93,518.
c Total from continuation sheets to Part VII, S	_						>	656,683.		0.	93,518.
d Total (add lines 1b and 1c)	limited to t	hose	liste				re		\$100,000		93,310.
reportable compensation from the organization	n ►		3								Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of representation	oortab	ole c 50,0	om 00?	pen <i>If</i>	satior "Yes	n aı	nd other compens	sation from	the	
 individual Did any person listed on line 1a receive or 	accrue co	mpen	sati	on f	from	any	un	related organization			4 X
for services rendered to the organization? If "Y Section B. Independent Contractors	es, comple	ie SCI	ieal	iie J	101	SUCII	per	SUII			5 X
Complete this table for your five highest concompensation from the organization. Report year.											
(A) Name and business ad	dress							(B) Description of se	ervices	Co	(C) compensation
							t				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to an	y line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns 1a					
<u> </u>	b	Membership dues 1b	2,113.				
الجري	С	Fundraising events 1c					
a i	d	Related organizations 1d					
שׁיָּיִי	е	Government grants (contributions) 1e					
Sig	f	All other contributions, gifts, grants,					
je E		and similar amounts not included above . 1f	527,103.				
윤히	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	22,957.				
ಶ ರ	h	Total. Add lines 1a-1f		529,216.			
			Business Code				
<u>ප</u>	2a	HUDDLE UP		459,187.	459,187.		
او ≲ٍ	b	TLI TRAINING		48,481.	48,481.		
מַבֵּו	С	ATHLETIC LEADERSHIP 21ST		10,801.	10,801.		
e all	d	NCAA		168,000.	168,000.		
Program Service Revenue	e						
۲ <u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	686,469.			
	3	Investment income (including dividends,					
	3	other similar amounts)		708.	708.		
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	0.			
	Ĭ	(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	_						
	b	Less: rental expenses 6b					
	С.	Rental income or (loss) 6c		0			
	d _	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss)					
ē	d	Net gain or (loss)	▶	0.			
Other R	8a	Gross income from fundraising					
١		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	259,195.				
	b	Less: direct expenses 8b	105,037.				
	С	Net income or (loss) from fundraising events.	▶	154,158.			154,158
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
- 1	b	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory	<u></u> ▶	0.			
			Business Code				
s					18,866.		
sons		MISCELLANEOUS INCOME	900099	18,866.	10,000.		
aneous nue	11a	MISCELLANEOUS INCOME SERVICES	900099	18,866. 1,395.	1,395.		
ellaneous yvenue	11a b						
iscellaneous Revenue	11a b c	SERVICES					
Miscellaneous Revenue	11a b		900099				

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	•			
Do	not include amounts reported on lines 6b, 7b,		(B)		(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		охроносо	general expenses	охроносо
•	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0			
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	656,683.	497,441.	58,335.	100,907.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	77.000	11 060	10 145
7	Other salaries and wages	108,115.	77,902.	11,068.	19,145.
8	Pension plan accruals and contributions (include	12 06	10.000	1 211	0.065
	section 401(k) and 403(b) employer contributions)	13,867.	10,289.	1,311.	2,267.
9	Other employee benefits	67,496.	50,077.	6,381.	11,038.
10	Payroll taxes	35,811.	26,569.	3,385.	5,857.
11	Fees for services (nonemployees):	0			
	Management	0.			
	Legal	32,629.	25,472.	5,946.	1,211.
	Accounting	32,629.	25,472.	5,940.	1,211.
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	31,541.	24,623.	5,747.	1,171.
40	(A) amount, list line 11g expenses on Schedule O.)	105.	78.	10.	17.
	Advertising and promotion	24,048.	17,845.	2,271.	3,932.
13	Office expenses	0.	1770131	2/2/11	3,732.
14 15	Information technology	0.			
16	Royalties	22,955.	17,034.	2,168.	3,753.
17	Occupancy Travel	38,851.	37,113.	633.	1,105.
18	Payments of travel or entertainment expenses	,	,		·
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates.	0.			
22	Depreciation, depletion, and amortization	3,055.	2,267.	289.	499.
23	Insurance	4,425.	3,284.	417.	724.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES	303,168.	303,168.		
-	POSTAGE & DELIVERY	1,100.	818.	102.	180.
_	TELEPHONE	16,904.	12,545.	1,595.	2,764.
d	DONATION	425.	425.		
е	All other expenses	25,518.	24,500.	245.	773.
	Total functional expenses. Add lines 1 through 24e	1,386,696.	1,131,450.	99,903.	155,343.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	129,911.	1	240,212.
	2	Savings and temporary cash investments	172,218.	2	169,814.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	181,144.	4	60,532.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	7,887.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 40,161.			
	b	Less: accumulated depreciation	3,053.	10c	8,166.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11.	0.		0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11	0.		0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	494,213.	16	478,724.
	17	Accounts payable and accrued expenses	256,638.	17	267,105.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	30,600.	19	528.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.		0.
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	25	Other liabilities (including federal income tax, payables to related third			
	-0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	287,238.		267,633.
es		Organizations that follow FASB ASC 958, check here ► X			·
Fund Balances	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	206,975.	27	211,091.
Ва	28	Net assets with donor restrictions.	0.	28	0.
pu	-0	Organizations that do not follow FASB ASC 958, check here ▶		20	
		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	206,975.	32	211,091.
_	33	Total liabilities and net assets/fund balances	494,213.	33	478,724.
					Form 990 (2019)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			90,8 86,6	
2						
3	Revenue less expenses. Subtract line 2 from line 1	3				16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	06,9	75.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2	11,C	91.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
	Single Audit Act and OMB Circular A-133?		[3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Inspection Employer identification number

INS	STI	FUTE FOR SPORT AND S	SOCIAL JUSTIC	CE CONTRACT			47-51273	94		
Pai	rt I	Reason for Public Cha	rity Status (All c	rganizations must c	omplete	e this pa	art.) See instructions			
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative		· ·						
4		A medical research organiz						(iii). Enter the		
		hospital's name, city, and st	-					(,. =		
5		An organization operated f		a college or universit	v owner	d or one	erated by a governme	ntal unit described in		
•		section 170(b)(1)(A)(iv). (C		a conego or aniversit	., 0111101	. o. opc	natou by a governme	mar anni accomboa n		
6		A federal, state, or local go		rnmantal unit describe	d in cac t	ion 170/	h)/1)/A)/ _V)			
7	X	An organization that norma	•					om the general public		
'	21	described in section 170(b)	•	•	ιρροιτ ιιτ	Jili a yo	verninental unit of hic	on the general public		
		A community trust describe		•	Dort II \					
8	\vdash						l in conjugation with a	land grant callage		
9		An agricultural research org	=			-				
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state of	the college or		
		university:				,				
10		An organization that norma receipts from activities rela	Ily receives: (1) mo	ore than 331/3 % of its	support ertain e	trom co	ntributions, membersr	np fees, and gross		
		support from gross investm	nent income and u	nrelated business taxa	able inco	me (les:	s section 511 tax) from	businesses		
		acquired by the organizatio								
11	Щ	An organization organized a		•	•					
12		An organization organized a		•	•					
		of one or more publicly su								
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of su	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.		
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving		
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the		
	_	_ supporting organization. \	ou must complet	e Part IV, Sections A	and B.					
b			anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having		
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported		
		_ organization(s). You must	complete Part IV	, Sections A and C.						
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	ly integrated with,		
		its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.			
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its support	ted organization(s)		
		that is not functionally inte			-					
		requirement (see instructi	-		-		•			
е		Check this box if the orga	•	= -				I, Type III		
		functionally integrated, or								
f	En	ter the number of supported								
g	Pro	ovide the following information	on about the suppo	orted organization(s).						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)		
				above (see ilistructions))	Yes	No	instructions)	ilistructions)		
/ A \										
(A)										
(D)										
(B)										
(C)										
(U)										
(D)										
(E)										
Tota	al									

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	441,720.	375,686.	726,631.	683,374.	2,227,411.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge		441.700	275 505	705 503	500.074	0.
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		441,720.	375,686.	726,631.	683,374.	2,227,411.
_	shown on line 11, column (f) ATCH 1						24,606.
6	Public support. Subtract line 5 from line 4						2,202,805.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4		3,243.	375,686. 2,628.	726,631. 1,257.	683,374. 708.	2,227,411. 7,836.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 2		3,503.		1,483.	279,456.	284,442.
11	Total support. Add lines 7 through 10						2,519,689.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	686,469.
13	First five years. If the Form 990 is forganization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp		_				
14	Public support percentage for 2019 (lin					14	<u>%</u>
15	Public support percentage from 2018					15	<u>%</u>
16a	331/3% support test - 2019. If the org			•		•	
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
170	this box and stop here. The organization	-		_			
11a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets the						
	organization			_	-		
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the organ						
	Explain in Part VI how the organization						•
	supported organization				•	•	
18	Private foundation. If the organization						
10							▶ □
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2019 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					<u>, </u>	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	· ·	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2019 (line 8,		<u> </u>	mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
	tion D. Computation of Investment						,0
<u> 17</u>	Investment income percentage for 2019 (lin			13. column (f))		17	%
18	Investment income percentage for 2013 (in					18	
	331/3% support tests - 2019. If the org						
134	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2018. If the orga	-	_	•			
D	line 18 is not more than 331/3%, check				•		· . —
20	Private foundation. If the organization d		•	•			
				,,,			

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
-,	1		
us ed			
	2		
er	3a		
nd he			
	3b		
B)	3с		
If	4a		
gn on			
	4b		
on ed (B)			
	4c		
s," IN			
n; on			
d. <i>i</i>	5a		
dy	5b		
	5с		
to ed or			
0.	6		
or			
ty	7		
7?	8		
re ed			
	9a		
ch	9b		
fit	9c		
on ed			
to	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2019

Jenead	ne A (1 01111 330 01 330 EZ) 2013			age e
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	11 0 0	2		
secti	on C. Type II Supporting Organizations		Yes	No
			res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Saati	•	1		
secti	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	162	NO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ited Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Page 7 Schedule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
			110-2013	Amount for 2013			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
С.	From 2016						
d	From 2017						
e	From 2018						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
_	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
<u>а</u>	Excess from 2015						
b	Excess from 2016						
<u> </u>	Excess from 2017						
d	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2019

Part V

Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

						ATTACHMENT	7 1
SCHEDULE A, PART II -	EXCESS CON	TRIBUTIONS	=				
(NOT OPEN TO PUBLIC I	NSPECTION)						EXCESS
CONTRIBUTOR NAME			CONTRIBU			3 2% OF 11(F)	CONTRIBUTION AMOUNT
NFL FOUNDATION			,	75,000.		50,394.	24,606.
NBA			į	50,000.		50,394.	
MLB			!	50,000.		50,394.	
TOTAL			1	75,000.			24,606.
						ATTACHMENT	2
SCHEDULE A, PART II -	OTHER INCO	OME				ATTACHMENT	
DESCRIPTION	2015	2016	2017	2018		2019	TOTAL
OTHER INCOME		3,503.		:	1,483.	20,261.	25,247.
FUNDRAISING EVENTS						259,195.	259,195.
TOTALS		3,503.			1,483.	279,456.	284,442.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization INSTITUTE FOR SPORT AND SOCIAL JUSTICE

Employer identification number 47-5127394

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
--------	----------------------------------	--------------------------------	--------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$347,360.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization INSTITUTE FOR SPORT AND SOCIAL JUSTICE

Employer identification number 47-5127394

art II	Noncash Property	(see instructions). Use duplicate c	opies of Part II if ad	ditional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name or o	rganization INSTITUTE FOR SPORT AND	D SOCIAL JUSTICE		47-5127394	
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of the copies of the line in the copies of th	the year from any one co ons completing Part III, en e year. (Enter this informat	ontributor. Com ter the total of e	ed in section 501(c)(7), (8), or plete columns (a) through (e) and xclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of giff			
	Transferee's name, address, an	d ZIP + 4	Relationship	p of transferor to transferee	
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift	<u> </u>		
	Transferee's name, address, an	d ZIP + 4	Relationship	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift			
		(e) Transfer of giff			
	Transferee's name, address, an	d ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of giff	<u> </u>		
	Transferee's name, address, an			p of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

INS	STITUTE FOR SPORT AND SOCIAL JUSTICE	47-5127394
Pa	organizations Maintaining Donor Advised Funds or Other Simi	lar Funds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 6.
	(a) Donor advised ful	nds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the	e assets held in donor advised
	funds are the organization's property, subject to the organization's exclusive leg	
6	Did the organization inform all grantees, donors, and donor advisors in writing	
-	only for charitable purposes and not for the benefit of the donor or donor ad	-
	conferring impermissible private benefit?	
Pa	art Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that a	
	Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in	
d	Number of conservation easements included in (c) acquired after 7/25/06, at	` '
-	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguis	
•	tax year ▶	mou, or terminated by the organization during the
4	Number of states where property subject to conservation easement is located I	•
5	Does the organization have a written policy regarding the periodic monitor	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, as	nd enforcing conservation easements during the year
	▶ \$	3 ,
8	Does each conservation easement reported on line 2(d) above satisfy the require	ments of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in	its revenue and expense statement and
-	balance sheet, and include, if applicable, the text of the footnote to the organiz	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasu	res, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report of art, historical treasures, or other similar assets held for public exhibition	in its revenue statement and balance sheet works n, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements the	
b	If the organization elected, as permitted under FASB ASC 958, to report in art, historical treasures, or other similar assets held for public exhibition, edu provide the following amounts relating to these items:	cation, or research in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or or	
	following amounts required to be reported under FASB ASC 958 relating to the	
a	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • •
<u>b</u>	Assets included in Form 990, Part X	

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collection	ons of A	rt, Histo	rical Tre	asures,	or Other	Similar Assets (rage =
3	Using the organization's acquisition	n, accession	, and ot	her recor	ds, check	c any of	the follow	ring that make sign	nificant use	of its
	collection items (check all that app	ly):			_					
а	Public exhibition			d	Loan	or exchar	nge prograi	m		
b	Scholarly research			е	Other					
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's coll	ections	and expla	ain how t	hey furth	ner the or	ganization's exemp	t purpose ir	n Part
	XIII.									
5	During the year, did the organization							_		_
	assets to be sold to raise funds rath			ned as pa	rt of the	organizat	ion's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza	ition answer	ed "Yes	s" on For	m 990, F	Part IV, li	ne 9, or r	eported an amou	nt on Form	
	990, Part X, line 21.									
1a	Is the organization an agent, truste									_
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XIII an	d comple	ete the fo	llowing tab	ole:				
								Amount		
С	Beginning balance					_	1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Did the organization include an am								Yes	_ No
	If "Yes," explain the arrangement i	n Part XIII. C	neck ner	re if the e	xpianation	nas beei	n provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answer	od "Vos	" on For	m 000 E	Part I\/ li	ino 10			
	Complete ii the organiza						years back	(d) Three ware book	(a) Faurusar	- h a al :
		(a) Current	year	(b) Pric	r year	(C) IWO	years back	(d) Three years back	(e) Four years	S Dack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
_	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance				(1) 4					
2 a	Provide the estimated percentage Board designated or quasi-endown			nd balanc %	e (line 1g,	column (a)) neid as	:		
b	Permanent endowment ▶			70						
C	Term endowment ▶	/0 %								
Ū	The percentages on lines 2a, 2b, a	. * *	equal 10	00%						
3a	Are there endowment funds not in		-		ation that	are held	and admir	nistered for the		
-	organization by:	россосо.		, o.gac					Yes	No
	(i) Unrelated organizations								3a(i)	+
	(ii) Related organizations								3a(ii)	1
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended u	•					_			
Pa	rt VI Land, Buildings, and Equ Complete if the organize									
	Description of property	ation answe	red "Yes	s" on Fo						0
	Description of property		Cost or of (investm	nent)		or other basi ther)		cumulated (deciation	d) Book value	
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment					40,161	١.	31,995.	8,	166.
	Other									
Tota	I. Add lines 1a through 1e. (Column	(d) must equ	ıal Form	990, Part	X, columi	n (B), line	10c.)		8,	166.

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.)/ II
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	е
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market valu	e
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(I)			
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Voc" on Form 000	Part IV line 11d See Form 000 Part	V line 15
				b) Book value
(1)	(a) De	scription	, u	book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			0, Part X,
1.		tion of liability	0	b) Book value
	al income taxes	don or nability	The state of the s	b) Book value
(2)	ar moome taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the		•	orts the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Schedule D (Form 990) 2019 Page 4

Ochicadi	0 D (1 01111 000) 2010		r ago i
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	ղ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,495,849.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Tvet unrealized gains (103503) on investments 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
b	Donated services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		105 005
е	Add lines 2a through 2d	2e	105,037.
3	Subtract line 2e from line 1	3	1,390,812.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,390,812.
Part			
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	· · · · · · · · · · · · · · · · · · ·		1,491,733.
1	Total expenses and losses per audited financial statements	1	1,491,733.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	105,037.
	Subtract line 2e from line 1	3	1,386,696.
3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	1 205 505
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,386,696.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

FUNDRAISING EXPENSES \$105,037

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EXPENSES \$105,037

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBE REQUIREMENTS FOR THE RECOGNITION OF INCOME TAXES IN FINANCIAL STATEMENTS, AND THE AMOUNTS RECOGNIZED ARE AFFECTED BY INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION. THE ORGANIZATION'S POSITION THAT IT IS TAX EXEMPT UNDER SECTION 501(C)(3) AND THE POSITION THAT NONE OF ITS INCOME IS UNRELATED BUSINESS TAXABLE INCOME ARE DEFINED AS TAX POSITIONS UNDER THESE REQUIREMENTS. WHILE MANAGEMENT BELIEVES IT HAS COMPLIED WITH THE INTERNAL REVENUE CODE, THE SUSTAINABILITY OF SOME INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION MAY BE UNCERTAIN. THERE ARE MINIMUM THRESHOLDS OF LIKELIHOOD THAT UNCERTAIN TAX POSITIONS ARE REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IN THE EVENT INTEREST AND PENALTIES WERE INCURRED RELATING TO AN UNSUSTAINABLE TAX POSITION, THEY WOULD BE TREATED AS A COMPONENT OF INCOME TAX EXPENSE. MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS ANY MATERIAL UNCERTAIN TAX POSITIONS AT JUNE 30, 2020

Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number 47-5127394 INSTITUTE FOR SPORT AND SOCIAL JUSTICE Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

Page 2 Schedule G (Form 990 or 990-EZ) 2019

Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut			
		3 1 3	(a) Event #1 ANNUAL BANQUET (event type)	(b) Event #2 STUDENT ATHLET (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	251,695.	7,500.		259,195
Ř	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	251,695.	7,500.		259,195
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	104,625.	412.		105,037
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	105,037 154,158
Pa	rt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " le 6a	Yes" on Form 990, I	Part IV, line 19, or	reported more than
Revenue		<u> </u>	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line			
9 8	ı	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:	duct gaming activities	in each of these state		. Yes No
•	-					
10a		Were any of the organization's gamino If "Yes," explain:				Yes No

Sched	lule G (Form 990 or 990-EZ) 2019
11 12	Does the organization conduct gaming activities with nonmembers? Yes No Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

INSTITUTE FOR SPORT AND SOCIAL JUSTICE

Inspection Employer identification number

47-5127394

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the	_		
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DELISE O'MEALLY	(i)	219,371.	0.	0.	6,837.	25,455.	251,663.	
1CEO	(ii)	0.	0.	0.				0.
DR. JEFF O'BRIEN	(i)	209,312.	0.	0.	4,170.	20,744.	234,226.	0.
2VICE PRESIDENT	(ii)	0.	0.	0.				
KEITH LEE	(i)	186,333.	0.	0.	5,752.	30,560.	222,645.	0.
3COO/VP	(ii)	0.	0.	0.				
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART II

DELISE O'MEALLY, JEFF O'BRIEN, AND KEITH LEE ARE COMPENSATED BY THE

UNIVERSITY OF CENTRAL FLORIDA (UCF). UCF IS NOT RELATED TO THIS

ORGANIZATION, UCF DID PROVIDE SUPPORT TO THE ISSJ BY PAYING THESE

EMPLOYEES TO WORK FOR THE ISSJ ON A FULL-TIME BASIS FROM FUNDS PARTIALLY

CREATED BY AN ENDOWMENT INTENDED TO SUPPORT ISSJ.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

FILING.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

INSTITUTE FOR SPORT AND SOCIAL JUSTICE

Employer identification number 47-5127394

FORM 990, PART VI, LINE 11B

PRIOR TO SUBMITTING FORM 990 TO THE INTERNAL REVENUE SERVICE, THE

ORGANIZATION'S PRESIDENT AND ANOTHER DIRECTOR REVIEW A DRAFT OF THE

RETURN. IT IS THEN EMAILED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO

FORM 990, PART VI, LINE 12C

FORM 990, PART VI, LINE 18

THE ISSJ FOLLOWS THE UNIVERSITY OF CENTRAL FLORIDA'S CONFLICT OF INTEREST POLICY. DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A QUESTIONNAIRE ANNUALLY TO DISCLOSE ANY CONFLICTS OF INTEREST.

THE ORGANIZATION MAINTAINS A WEBSITE WHICH PROVIDES A LINK TO "CONTACT US." IT IS ANTICIPATED THAT THE ORGANIZATION WILL MAKE A PDF COPY OF THIS

FORM 990, PART VI, LINE 19

THE ORGANIZATION FOLLOWS THE POLICIES DEVELOPED BY THE UNIVERSITY OF

CENTRAL FLORIDA OFFICE OF RESEARCH AND COMMERCIALIZATION IN REGARDS TO

DISCLOSURE OF GOVERNING DOCUMENTS, POLICIES AND FINANCIAL INFORMATION.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FORM 990 WHICH CAN BE PRINTED OR EMAILED UPON REQUEST.

THE INSTITUTE FOR SPORT AND SOCIAL JUSTICE (ISSJ) IS AN EVER-GROWING ORGANIZATION OF COLLEGES AND UNIVERSITIES THAT USE THE POWER OF SPORT TO EFFECT POSITIVE SOCIAL CHANGE. THE ORGANIZATION EDUCATES AND

Page 2 Schedule O (Form 990 or 990-EZ) 2019

Name of the organization Employer identification number INSTITUTE FOR SPORT AND SOCIAL JUSTICE 47-5127394 ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

EMPOWERS INDIVIDUALS AND ORGANIZATIONS BY INSPIRING VALUE-BASED THINKING LEADING TO ACTIONS THAT PROMOTE SOCIAL RESPONSIBILITY AND EQUALITY.

ATTACHMENT 2

FORM 990, PART X - DEFERRED REVENUE

ENDING DESCRIPTION BOOK VALUE

DEFERRED SPONSORSHIP REVENUE 528.

> 528. TOTALS